



Application for Waiver of HIPAA Authorization

Principal Investigator: [Click here to enter text.](#)

Project Title: [Click here to enter text.](#)

1. Indicate what is being requested:

- Waiver of HIPAA Authorization for the duration of a study (e.g. retrospective chart review)
- Waiver of HIPAA Authorization for a portion of the study (e.g. telephone screening)

2. Provide a detailed list of the Protected Health Information (PHI) to be collected under this alternation/waiver

[Click here to enter text.](#)

3. Identify who will collect the PHI as well as who will have access to the PHI for purposes of research.

[Click here to enter text.](#)

4. To obtain approval for a waiver or alteration of the HIPAA privacy authorization, the research project must meet the federal regulatory criteria listed below. Please describe how your study meets these criteria.

- a. There is an adequate plan to protect subject identifiers from improper use and disclosure.
[Click here to enter text.](#)
- b. There is an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law.
[Click here to enter text.](#)
- c. Protected health information (PHI) will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which use or disclosure of PHI would be permitted.
[Click here to enter text.](#)
- d. The research could not practicably be conducted without the waiver (i.e. it is not practicable to obtain authorization directly from the research subject).
[Click here to enter text.](#)
- e. The research could not practicably be conducted without access to and use of PHI.
[Click here to enter text.](#)

Principal Investigator Signature

Date

Printed Name